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ABSTRACT

This document provides guidance to parents, educators, and health care providers in serving Utah students with special health care needs. An introduction defines special health care needs, outlines legal responsibilities, and notes the importance of transagency collaboration. Guidelines are then offered for the identification and placement process, training and transportation, and special administrative considerations. Appendices provide sample forms, the text of the Nurse Practice Act, guidelines for administration of medication to students, a glossary, a list of training and resource materials, a list of task force members, and an order form for ordering Guidelines and Procedures for Serving Students with Special Health Care Needs. (JDD)

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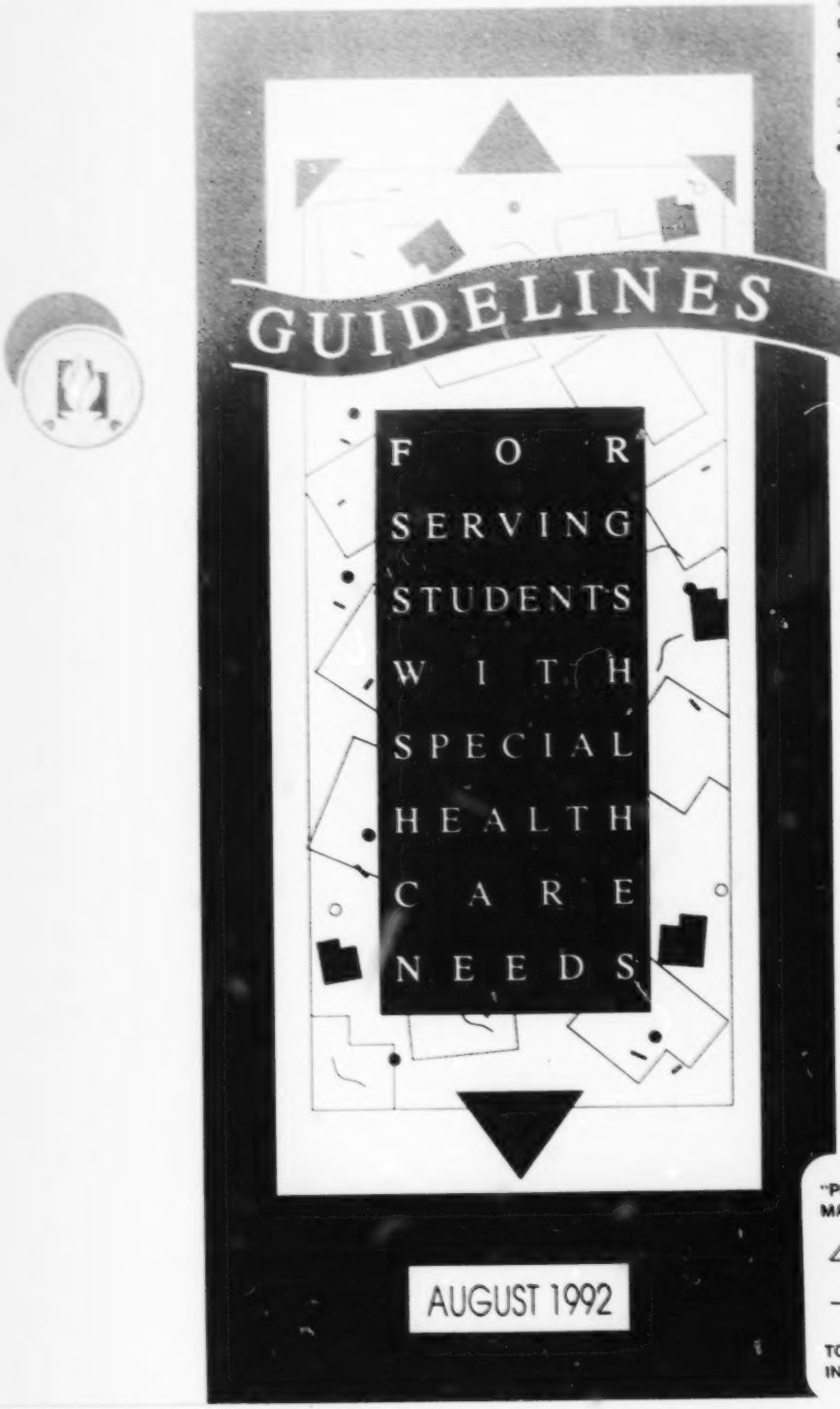

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GUIDELINES

FOR SERVING STUDENTS WITH SPECIAL HEALTH CARE NEEDS

SEPTEMBER 1992

Produced by

Mountain Plains Regional Resource Center
and the
Utah State Office of Education

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PREFACE

As the population of students with special health care needs both increases in size and becomes more community-based, schools are being asked to provide for a greater array of health needs during the classroom day. Students with special health care needs may require ongoing medical monitoring and direct treatment in addition to individualized education programming. School personnel, parents, and health care providers all share a substantial interest in the quality and configuration of health services in the educational setting, but often there is no mechanism available to bring them together to do effective service planning.

The purpose of this document is to provide guidance to parents, educators, and health care providers in serving this population of students in the educational environment. Creating a partnership will result in improved services for students with health care concerns.

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INTRODUCTION

INTRODUCTION

Students with Special Health Care Needs in Public Schools

In the spring of 1990, the Utah State Office of Education, in collaboration with the Mountain Plains Regional Resource Center, surveyed Utah School Districts regarding services they provide to students with special health care needs. The results of the survey indicated that school professionals have numerous concerns in serving students with special health care needs. Respondents expressed the need for state guidelines that will assist in the programming for this population of students.

The number of students with special health care needs attending public school systems has dramatically increased in Utah during the past few years. This increase is the result of: 1) medical technology that has advanced at a faster rate than school systems' capacity to deal with the ever increasing special needs of students, and 2) the increased legal requirements to serve all students with disabilities, which was reaffirmed with the passage of Public Law 101-476, the Individuals with Disabilities Education Act of 1990.

Students with Special Health Care Needs Defined

Students with Special Health Care Needs are those who require individualized health related interventions to enable participation in the educational process. Included within this population are students:

1. who may require the administration of medication during the school day or at home which is not considered educational,
2. who may require the administration of procedures during the school day or at home which are not considered educational,
3. who may use a particular health care device that compensates for the loss of a body function,
4. whose health condition may require routine or emergency health care procedures,
5. who may require the provision of substantial, complex, or frequent health care to avert death or further disability.

The definition of special health care needs includes students with a wide continuum of needs from mild to severe. For example, an asthmatic student could have several characteristics of the definition, as well as the student who requires technological devices and special health care procedures at school. The important factor for school personnel is to have a process whereby the student with special health care needs has an Individualized Health Care Plan developed to address their unique health problems. In most cases this is a simple process that can be handled by existing school resources.

Advances in Technology

Impressive progress in health care technology has occurred during the past twenty years. Advancements in diagnostic tools and improvements in medication, treatment, and technology have all contributed to the enhancement of the lives of students. Students who would have died at birth or early in life now live because of recent innovations, but often with a compromised quality of life and with special health and educational program needs on a daily basis. Technological advancement is not limited to health care, but is also seen in the classroom, home, and community. The development of augmentative communication systems and adaptive equipment has increased the independence and self-sufficiency of individuals that in many ways has an impact on the IEP-driven placement and concepts of least restrictive environment through this increased independence.

Legal Responsibilities

Federal legislation and court cases have impacted services to students with special health care needs. Federal legislation has included Section 504 of the Vocational Rehabilitation Act, Public Law 94-142, and its ensuing amendments, under Public Law 99-457 in 1986, and Public 101-476 in 1990. Individual states all have Nurse Practice Acts which impact services to students with special health care needs.

Section 504 prohibits discrimination against any individual because of his or her disability, and additionally, requires programs, including public schools, to make reasonable accommodations for individuals with disabilities. The Act requires the accessibility of all public buildings, including schools; therefore, students with health needs have the right to attend school, whenever possible, in the regular program at his or her neighborhood school, and the school district must provide reasonable accommodations to allow the student to access his/her neighborhood school. A student cannot be denied entry into the neighborhood school solely because of the specialized, physical, health care needs or the inaccessibility of the school.

Public Law 94-142 and its ensuing amendments in 1986 (P.L. 99-457) and 1990 (P.L. 101-476) include students with chronic illnesses, students who have complex health care needs, and students who are technologically dependent in special education through a variety of classifications, including "other health impaired." An additional eligibility criterion that must be applied before a student is classified and eligible for special education is that the student's disability must adversely affect his/her educational performance. The educational impact criterion requires that the student's disability be one that, without specially designed instruction would hinder the student's progress in the regular education program. Thus, a student whose special health care needs poses no hindrance to academic skill acquisition may not be eligible for special education services. However, under Section 504 of the Rehabilitation Act, this student is still entitled to assistance and access to the public school setting from funds other than special education.

It should be noted that the State Office of Education is not proposing a new category of disability. These guidelines serve to provide technical assistance to teachers and administrators serving this unique population of students.

There seems to be some confusion or lack of awareness with regard to the Utah Nurse Practice Act. Many school district professionals and paraprofessionals may be performing health care procedures which are not in accordance with the Nurse Practice Act.

The following issues are addressed in the **Utah Nurse Practice Act**: 1) The Utah Nurse Practice Act defines and outlines the standards of professional nursing in the State of Utah and 2) clarifies who can legally perform health care procedures. 3) Nursing and health care activities as defined by state statute and interpreted by Utah State Board of Nurses. 4) In most cases a school nurse should perform or supervise health care procedures at school, and 5) the school nurse decides whether or not the procedure is one that must be performed by a nurse. Nursing activities not specifically addressed in statute or legal interpretations could be performed by a non-licensed individual if the activity does not require the exercising of nursing judgment and is delegated and supervised by a nurse. Given the above, the delegating and supervising nurse should make the following determinations for each student with special health care needs:

1. The nurse validates the necessary physician orders (including emergency orders), parent/guardian authorization, and any other legal documentation necessary for implementing the nursing care;

2. Conducts an initial nursing assessment;

3. Consistent with the Nurse Practice Act and related regulations as well as the assessment of the student, the nurse determines who can be delegated the task, whether it be a licensed or unlicensed health care provider, or other staff person;

4. Determines the amount of inservice training required for the individual performing the nursing service;

5. Evaluates the competence of the individual to safely perform the task prior to delegation;

6. In addition, the nurse should provide ongoing supervision and monitoring of the health care procedures.

Transagency Collaboration

When developing services for students with special health care needs, it quickly becomes obvious that the resources of single agencies are insufficient to meet their needs. Services to students need to come from a variety of settings, including public and private health care practitioners and social service agencies within Utah as well as in other states. Decreased state funding levels, combined with increased societal needs, have created the need for intensive transagency collaboration by all agencies providing services. In particular, this collaboration must address funding, assessment, and service delivery.

The information, methodology, and materials for providing health care and educational services to students with special health care needs are slowly becoming available; however, those in Utah schools who are faced with implementing these services still need increased support. To enable Utah schools to assume their new set of responsibilities, these guidelines provide technical assistance on such issues as placement, assessment, roles of staff members, inservice, training, transportation, and special administrative concerns.

Two issues must be stressed: 1) Not all students with special health care needs will require special education services. Many students will be served under Section 504 requirements or participate in the regular program with a written health care plan. 2) These guidelines are sensitive to the

demands placed on school districts. The majority of students with special health care needs can be served within existing school resources.

IDENTIFICATION AND PLACEMENT PROCESS

IDENTIFICATION AND PLACEMENT PROCESS

The identification of students with health care needs often occurs years before a student enters the public school setting. For students with identified disabilities, this entrance age may be as early as three, even though a health care concern could manifest itself at birth. For students not previously classified with special health care needs, public entrance may not occur until the student is five. As such, a multitude of assessment and health care related information may have already been obtained by the student's private and public health care practitioners, and can be available to the public school system upon the student's entrance. It is critical that special education eligibility teams and school district personnel (for those students not identified as in need of special education) access and use current information to the maximum extent possible.

Public education services are mandated for all students, including those with special health care needs. Not all students who have special health care needs require special education. However, they do require consideration and planning to determine the need for special services or reasonable accommodations. The entry of a student with special health care needs into the school setting presents a challenge to the family, school staff, and community. A collaborative effort by all is needed to accomplish a safe, healthy, and educationally sound program.

An organized planning process is necessary for a smooth transition into the education setting. To ensure this, the school principal or designee (school liaison) must be thoroughly familiar with the placement process and Utah Guidelines for Serving Students with Special Health Care Needs. In most cases, the school liaison will be the school nurse. In areas where school nurses are not employed or have limited time available, the school district could contract with county or community nurse services. The school liaison assumes the role of the health care coordinator for the assigned student and ensures the necessary procedures are followed and the student is placed in an appropriate program. Responsibilities of the individual assuming this role include an ability to:

1. Obtain health information from health care providers;
2. Determine the importance of health information and its impact on the educational process;
3. Coordinate all meetings with parents, health care providers, and educators;
4. Act as liaison between the parent, student, school staff, and health care professionals;
5. Be responsible for completing the Health Care Plan Checklist;
6. Assure that all procedures and paperwork are completed.

Pre-Identification

All school districts have procedures and requirements regarding student registration. Enrollment forms usually require detailed health information. This is usually the time most health care problems are identified. Parents normally inform school officials of any health concern that might interfere with the

educational process. The school principal or designee should proactively review information and determine the need to initiate a referral.

Referral

The referral process is usually initiated through the pre-identification process or by the parent or health care provider who informs the school principal of the student's special health care needs. It is essential that the school setting be notified about a prospective student with special health care needs as soon as possible before school entrance. Prompt identification and referral enables the school to plan the educational process for the student that will result in a program able to meet the health care and educational needs of the student. In many cases the nature of the problem will require a direct referral to special education.

The principal or school liaison will complete the REFERRAL CHECKLIST (Green form). The purpose of the referral checklist is to gather health care information that will be helpful in planning for assessment and services. This should be completed and reviewed by the school nurse prior to a team meeting.

Pre-Planning Meeting

In collaboration with the school nurse, health care professionals, and the school liaison, a pre-planning meeting is scheduled. The main purpose of such a meeting is for the family and the school personnel to meet, become acquainted, and determine what information is needed to develop an appropriate program. The meeting will begin the process of determining the safety and appropriateness of the educational setting based on the student's health care needs. During a pre-planning meeting, the following should be considered:

1. The parent will inform the school of their child's health care problems(s);
2. The parents will identify the primary health care providers who have information regarding the student;
3. Confidential release forms and permission to evaluate forms should be completed to assist in gathering information;
4. The placement process and student's rights to an education will be explained;
5. The team members will be identified who will be a part of the evaluation process. At a minimum, this team should consist of parent, teacher, school nurse, and school administrator.

Evaluation

A comprehensive evaluation is essential in providing an appropriate educational program and health services. The student's health care needs across all settings (home, hospital, school, and community) should be considered in the evaluation process. The following types of information should be collected during the evaluation and used to assist the team in recommending the appropriate eligibility and intervention strategies:

1. parental input
2. health care histories
3. social/emotional status
4. academic status
5. communication status
6. vision
7. adaptive and health care equipment
8. physical status
9. cognitive status
10. vocational status
11. adaptive behavior
12. hearing

Only when an evaluation team has information related to all areas of the student's functioning can appropriate placement and interventions be developed. Therefore, public school evaluation processes must go beyond traditional evaluation of academic needs, to include the student's health care needs.

The school district is not responsible for conducting all health related evaluations. Most information can be gathered from family and health care professionals. For those families who have never accessed the health care system, every effort should be made by the school district to assist the family in making contact with public agencies like the Department of Health.

Planning Meeting

The purpose of the meeting is to develop an appropriate education program, including the HEALTH CARE PLAN (ivory). If necessary, the team will also develop the emergency and transportation plan. **This meeting should be held for all students with special health care needs, regardless of their need for special education.** If the student is to receive special education services, the IEP Team and Health Care Team will develop an Individual Education Program that includes a Health Care Plan.

Health Care Plan

The Health Care Team will develop a Health Care Plan that addresses the unique health needs of the student. If the student's condition is life threatening, the Health Care Plan should be developed before entry into school. In this case, homebound services should be provided. In all other cases the Health Care Plan should be completed no later than 30 days after the student enters school. In the meantime, the

school liaison should inform all school staff of any special considerations. The Health Care Plan should include:

1. Background information/nursing evaluation;
    a. Brief medical history
    b. Special health care needs
    c. Psychosocial concerns
    d. Student and family strengths
    e. Academic profile
2. Health care procedures and interventions;
3. Designated personnel in the school (school nurse, back-up personnel) who have been trained to deal with the emergency;
4. A summary of the student's medical condition and needs which may need to be on file at the local hospital emergency room, if indicated;
5. The preferred hospital emergency room identified in case of the need to transport;
6. A written plan with emergency contacts for family, physician and emergency personnel (post telephone numbers in various locations);
7. A formal, documented procedure to review the plan with ALL personnel on a regular basis. The Health Care Plan should be reviewed annually or as the student's condition changes.

Emergency Procedures Plan

The Health Care Team develops an EMERGENCY PLAN (salmon) for any student who may require emergency services at school based upon their unique health care needs. The emergency plan should include:

1. Student specific medical emergencies (specific signs of distress should be defined);
2. Designated personnel in the community (fire, police, hospitals, ambulance, and any other emergency departments) should be notified/consulted when the student with special health care needs is attending school;
3. Designated personnel in the school (school nurse, back-up personnel) who have been trained to deal with the emergency;

4. A summary of the student's medical condition and needs which should be on file at the local hospital emergency room, if indicated;

5. The preferred hospital emergency room identified in case of the need to transport;

6. A written plan with emergency contacts for family, physician and emergency personnel (post telephone numbers in various locations);

7. A formal, documented procedure to review the plan with ALL personnel on a regular basis.

Transportation Plan

The Health Care Team will develop a TRANSPORTATION PLAN (blue) for the students requiring special considerations. The Transportation Plan should include:

1. Mode of transportation to and from school;

2. Maximum recommended length of time on vehicle each way;

3. Equipment and/or adaptations necessary for transportation (i.e. method of securing wheelchair, oxygen cylinders, other equipment);

4. Emergency evacuation procedures;

5. Emergency plan for student-specific problems;

6. Staffing requirements;

7. Staff training.

Service Options

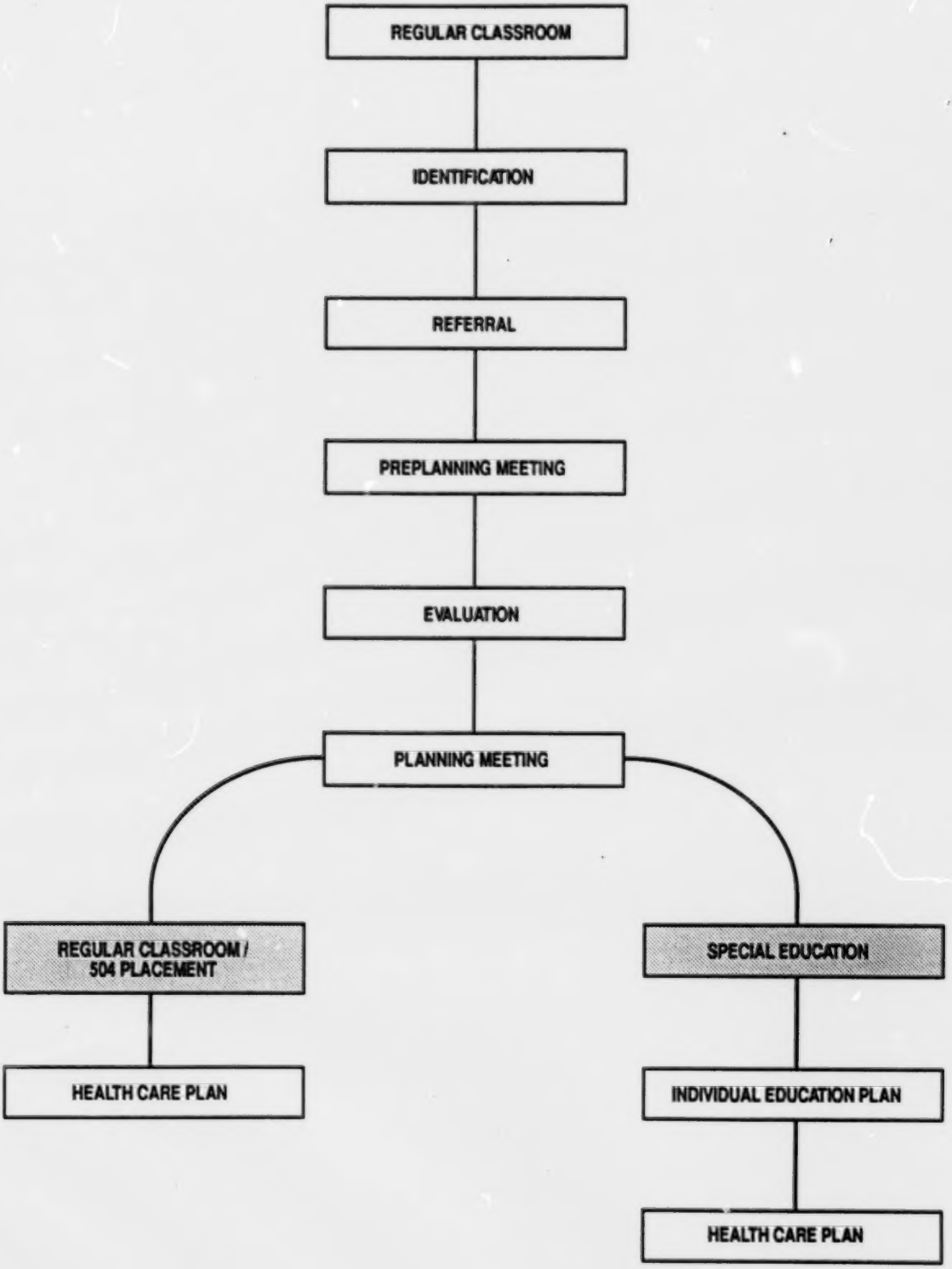
The above procedures could lead the student down a variety of service paths, depending upon his/her unique needs. There are basically two service options, and any combination of the two, could occur:

1. Regular Classroom / Section 504

2. Special Education

In the majority of cases, the student will be served by a combination of the regular education, 504, and/or special education. The Health Care Plan will vary with each student and could include an emergency plan, transportation plan, and arrangements for staff training. The important issue is to educate the student in the least restrictive environment.

The following flowchart details the service options for student identification and placement.



TRAINING AND TRANSPORTATION

TRAINING AND TRANSPORTATION

An important issue in the successful delivery of services to students with special health care needs is the training and education of school personnel. Because each student is unique and has different health care and educational needs, training must occur whenever a student's health care needs change. Inservice should involve comprehensive staff training and/or student specific training.

In most cases, a school nurse or public health care professional will provide training to school staff. It is appropriate to involve the parent(s) and students during certain stages of the training.

Comprehensive Staff Training

The school nurse/counselor should provide a list at the beginning of each school year and an update as needed of those students with special health care concerns. Copies of the student's health care plan should be reviewed and distributed.

It is recommended that all school districts provide or make available inservice in the following areas:

1. Skills in CPR and basic first aid;

2. Awareness training in serving students with special health care needs;

3. Universal blood and body fluid precautions;

4. Review process and components of a health care plan;

5. Death and dying. Teachers, parents, and students should receive professional information and resources on death and dying as appropriate, prior to death or in the event a student dies. Refer to the appendix for further information.

Student Specific Training

The primary school personnel who are serving the student should be provided training whenever a student requires health care procedures at school and/or whose condition is severe enough to jeopardize his/her physical health. All school staff involved with the student should be included. The training will provide comprehensive information on the student's condition and the roles and responsibilities of each staff member. Topics in the training should include, but not be limited to the following:

1. A review of the student's condition and health care needs;

2. Required health care procedures and who will be responsible;
   (Those providing direct health care procedures should be trained and should meet requirements under the Utah Nurse Practice Act.)

3. A review and familiarization with the student's Individualized Health Care Plan;

4. A review and familiarization with the Emergency Plan;
(This plan should include backup procedures in case of power outages, school staff absences, and equipment failure.)

5. A review of roles and responsibilities of the Transportation Plan;

6. Procedures for keeping records and documenting the student's program and health care procedures;

7. The training should be reviewed

   a. at least annually,

   b. if an emergency occurs,

   c. for new staff members,

   d. whenever the student's health care status changes;

8. Discussion and sharing of information with the student's peer group.
(This will create a greater understanding of the student's condition and foster acceptance into the social environment. The method and manner of this presentation should be discussed with the parent(s) and student. Emphasis should always be how students are more alike than different.)

Training should be viewed as an ongoing process that is modified to meet the needs of the student.

Bus Drivers

Because some students with special health care needs have unique transportation needs, bus drivers will need special instructions and training. Such instruction must be provided before a student enters the program and requires transportation services. The following areas should be covered:

1. A section of basic awareness devoted to transporting students with disabilities;

2. Instructions concerning confidential information;

3. The bus driver should be part of the planning and be familiar with his/her role and responsibilities in the Health Care and Emergency Plans;

4. Special instructions and training on the unique health care needs of each student with special health care needs;

5. Other considerations:

   a. Identify all emergency rooms or stations located within or near the specific bus route;

b. Identify immediately, the shortest route to any emergency hospital from any location on the bus route;

c. Obtain additional assistance from police or fire departments or from ambulance services during an emergency;

d. Be able to evacuate the bus in an orderly and timely fashion, including directing and controlling the students after they have evacuated the bus;

e. Handle a student's medication in the manner approved by the local educational agency and health care professionals;

f. Communicate expectations for the student's behavior during the bus trip;

g. Know how to lift and carry students off the bus correctly without causing harm to the student or to self;

h. Be competent in procedures for basic cardiopulmonary resuscitation and first aid.

6. When a student with special health care needs is admitted to school, the bus driver, specified substitute bus driver, bus attendant, and substitute bus attendant having the route servicing this student shall be given specific information on the students:

a. Method of communicating with others;

b. Manner of going from home to the bus;

c. Method of boarding the bus;

d. Any special seating arrangements;

e. The type of emergency the student might have while on the bus, including any allergic reactions that might occur (for example, a bee sting) and phone numbers for bus drivers to call in case of emergency;

f. The actions that the bus driver should employ in responding to an emergency for a student or for equipment;

g. Special instructions if the bus is involved in an accident; for example, methods for carrying the student or for handling any type of physical reaction that the pupil might experience;

h. Any specific behavioral management plan that is used by the parents or school.

When an attendant is riding the bus with a student, the bus driver should be informed about the attendant's responsibilities. The attendant should understand that the bus driver has final authority concerning actions taken on the bus.

A good practice is to tape-record the information given to the bus driver so that the instructions and extra information concerning the safe transporting of the student may be reviewed later.

Many schools have included two-way radios to enable bus drivers to get help in times of emergency.

SPECIAL ADMINISTRATIVE CONSIDERATIONS

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Handling and Administration of Medication

The school district must have a policy in place governing the handling and administration of medications during the school day. These policies must prohibit the dispersion of any medication, whether prescription or over-the-counter, without a signed physician's order. Physician's orders must include the student's name, date, name of medication, dosage and possible side effects. Any order for a "PRN" (as needed) prescription must be accompanied by very specific parameters for the administration of the medication and should not be given without consultation with a school nurse or the student's physician. (See MEDICATION RECORD) (pink).

Documentation

Clear documentation of the delivery of health care procedures is an essential part of safe delivery of school health services. All health care services delivered to the student, including the administration of medication should be documented on a per incident basis. The school district should have detailed, written documentation of all health care procedures. The documentation should objectively reflect the student's condition. (See Health Care Plan).

Notification of Emergency Medical Personnel

The school district should have a policy in place governing the appropriate notification of emergency medical personnel. The policy should indicate the person in the school who will be responsible for determining whether a possible medical emergency exists and who is to notify the emergency medical personnel. This policy should be broad enough to consider the needs of all students and allow for the specific needs of the student with special health care needs. When appropriate, the student should have an Emergency Plan as part of the Individualized Health Care Plan. The plan should include contingencies of how to handle situations when the individual performing health care procedures is on a break, has to leave school unexpectedly, or is absent. (See Emergency Plan).

Management of Do Not Resuscitate (DNR) Orders

The school district should have a written statement regarding the treatment of DNR orders for a student. The policy should explain that when any student is in a life threatening situation, the school will call emergency medical services. Although it is recognized that parents and physicians have given thoughtful consideration to DNR orders, such orders puts educators in the position of making medical decisions and place the school personnel in a position of liability. In extreme emergencies school districts will access public emergency health care transportation and leave DNR decisions to the health care professionals. The school could keep the DNR order and give it to the EMS upon arrival. The directive should be reviewed at least monthly.

Parents should be asked to sign a written statement indicating their understanding of the school district's policy regarding DNR orders and discuss the implications of the school's policies with their physician.

Disagreement with Physician's Orders

The school district should have policies and procedures in place in the event that school health personnel have concerns or disagreements with a physician's orders. It is recommended that such policies include the written documentation of all communications regarding a physician's order and that any and all changes be submitted in writing. In rare cases, a school health officer or specialty physician may need to be consulted to assist in settling an issue. The school may want to request a second opinion through an independent evaluation.

Comprehensive System of Personnel Development

The school district should incorporate training into their CSPD plan and "acquire and disseminate promising educational practices" relative to the student with special health care needs.

Homebound Instruction

Students with special health care needs may experience frequent and/or prolonged absences from school. Such absences will likely have a negative effect on their ability to succeed in their educational program. The school district must have a written policy for the continued delivery of educational services to the student who experiences frequent or prolonged absences of ten continuous days or more.

Medical Equipment

Parents/guardians have the responsibility of providing special medical equipment necessary for the student's use in the school building. The school should have procedures for the maintenance and storage of such medical equipment as well as temporary backup items for emergency purposes.

Funding

Although schools are responsible for providing educationally-related health services for students in educational settings, other funding sources such as health insurance and Medicaid should be used when available and appropriate. Private health insurance including Health Maintenance Organizations (HMOs) is generally considered to be first dollar payer for covered health services, and Medicaid covers many health services for eligible students. Recent legislation and rulings have allowed eligible services to be covered by third-party payers in educational settings as well as in clinic and hospital settings. These potential funding sources should, therefore, be explored in order to expand the funding for health services needed by students in school settings.

APPENDIX A

SAMPLE FORMS

SAMPLE FORM SUMMARY

Each student with special health care needs is unique. One student might need only a Health Care Plan, while others, with complex problems, may need detailed procedures that will require extensive documentation. The following are examples of suggested forms that can be used. The school district could adapt this paperwork to meet their particular needs. **Remember, if a student is placed in a special education program, all other special education paperwork must be completed.**

1. REFERRAL CHECKLIST (green) - Completed by the school liaison. Information is gathered from parents and health care professionals.

2. STUDENT INFORMATION (tan) - Pertinent demographics on the student. This form should be stapled to the Health Care Plan since detailed demographics are not repeated on other forms.

3. PHYSICIAN'S ORDER/MEDICATION PROCEDURES (pink) - Gives detailed information from the physician regarding specialized health care procedures and administration of medications. Also contains parent's signoff. Two samples of orders are included.

4. MEDICATION / TREATMENT / ADMINISTRATION RECORD (pink) - Will assist school districts in documenting the authorized medical care given to students.

5. ADMINISTRATION OF MEDICATION CHECKLIST (pink) - Will assist school districts in complying to state law.

6. HEALTH CARE PLAN (ivory) - A detailed summary of the student's health care procedures and who will be responsible for each. Includes goals and actions.

7. HEALTH CARE PLAN LOG (ivory) - An entry form for recording procedure notes and observations by personnel at a certain date and time.

8. EMERGENCY PLAN (salmon) - Very important information that details procedures and responsibilities if an emergency occurs.

9. TRANSPORTATION PLAN (blue) - Outlines issues and procedures for transporting the student. The bus driver, transportation aide, and substitute should have copies of this plan.

10. TRAINING PLAN (gray) - Details training of key personnel and when follow-up is necessary.

11. PARENT/PHYSICIAN AUTHORIZATION (white) - Signoff and approval of Health Care Plan by the parent(s) and physician.

12. HEALTH CARE PLAN CHECKLIST (yellow) - A checklist to assure that all procedures have been followed.

REFERRAL CHECKLIST

SCHOOL_____

STUDENT'S NAME_____ DOB_____

Person Completing Form_____ DATE_____

Does the Student:	*YES*	*NO*	*COMMENTS*
1. Have a medical diagnosis of a chronic health problem (such as: diabetes, tuberculosis, seizures, cystic fibrosis, asthma, muscular dystrophy, liver disease digestive disorders, respiratory disorder, hemophilia, etc.)? Condition_____			
2. Receive medical treatments during or outside the school day (such as: oxygen, gastrostomy care, special diet, tracheostomy care, suctioning, injections, etc.)? Condition_____			
3. Experience frequent absences due to illness?			
4. Experience frequent hospitalizations?			
5. Receive ongoing medication for physical or emotional problems (such as: seizure, heart, allergy, asthma, cancer, depression, etc.)? Medications_____			
6. Require adjustments of the school environment or schedule due to a health condition (such as: rest following a seizure, limitation in physical activity, periodic break for endurance, part-time schedule, building modifications for access, etc.)?			
7. Require environmental adjustments to classroom or school facilities (such as: temperature control, refrigeration/medication storage, availability of running water, etc.)?			
8. Require major safety considerations (such as: special precautions in lifting, special transportation, emergency plan, special safety equipment, special techniques for positioning, feeding, etc.)?			

Nurse _____ Date _____ Phone_____

GREEN—1992

STUDENT INFORMATION

DATE_____

Personal

Student Name _____ Date of Birth _____

School _____ Age _____

Grade in School _____ Male / Female Height _____ Weight _____

Contacts

Mother's Name _____

Mother's Address _____

Mother's Home Telephone _____ Work Telephone _____ Emerg. Telephone No. _____

Father's Name _____

Father's Address _____

Father's Home Telephone _____ Work Telephone _____ Emerg. Telephone No. _____

Guardian's Name _____

Guardian's Address _____

Guardian's Home Telephone _____ Work Telephone _____ Emerg. Telephone No. _____

Physician _____ Telephone No. _____

Physician Address _____

Hospital Emergency Room _____ Telephone No. _____

Hospital Address _____

Ambulance Service _____ Telephone No. _____

School Nurse _____ Telephone No. _____

School Liaison _____ Extension _____

Direct Care Staff _____ Extension _____

Medical

Diagnosis _____

Medications _____

Side Effects _____

Necessary Health Care Procedures at School _____

_____

_____

Health Care Plan for Period _____ to _____

Other Important Information ☐ *(check box if additional information is on back)*

TAN—1992

Other Important Information

TAN—1992

PHYSICIAN'S ORDER
FOR SPECIALIZED HEALTH CARE PROCEDURES

Student: _____

THE PHYSICIAN'S ORDER SHOULD BE UPDATED AT LEAST ANNUALLY.

HEALTH CARE PROCEDURES

Condition for which procedure is required: _____

_____

_____

Description of standardized procedure(s): _____

_____

_____

Precautions and possible adverse reactions and interventions: _____

_____

_____

Time schedule and suggested environment procedure(s): _____

_____

_____

The procedure is to be continued as above until (date): _____

_____

_____

Dietary recommendations: _____

_____

_____

Activity limitations: _____

_____

_____

PINK—1992

MEDICATION PROCEDURES

Medications _____

Dose _____

Time _____

Procedure _____

Expected effects on learning _____

_____

Medications _____

Dose _____

Time _____

Procedure _____

Expected effects on learning _____

_____

PARENT AUTHORIZATION

I, _____, request the above health care procedures and/or medication treatment be administered to my child at school. I understand that qualified, designated person(s) will be performing these health care services. I will notify the school immediately if my child's health status changes, or there is a change or cancellation of the procedure/medication(s).

_____ _____

Parent/Guardian Signature Date

PHYSICIAN AUTHORIZATION

- ☐ I have reviewed the Health Care Plan and approve of it as written.
- ☐ I have reviewed the Health Care Plan and approve of it with the attached amendments.
- ☐ I do not approve of the Health Care Plan. A substitute plan is attached.

_____ _____

Physician Signature Date

PINK—1992

MEDICATION / TREATMENT / ADMINISTRATION RECORD

Student:_____ School:_____

Physician:_____ Grade:_____ DOB:_____

Date:_____

☐ Employee designated and trained to administer medication

Employee Name(s):_____

MEDICATIONS				
Medication	Time / Frequency	Dosage	How Given	Possible Effects on Learning and Physical Functioning
1)				
2)				
3)				
4)				
5)				

Medication / Treatment Administration / Supervision		Medication / Treatment Administration / Supervision By Signature		Medication / Treatment Administration / Supervision		Medication / Treatment Administration / Supervision By Signature
Date	Time	Signature		Date	Time	Signature

PINK—1992

Medication / Treatment Administration / Supervision		Medication / Treatment Administration / Supervision By Signature		Medication / Treatment Administration / Supervision		Medication / Treatment Administration / Supervision By Signature
Date	Time	Signature		Date	Time	Signature

PINK—1992

ADMINISTRATION OF MEDICATION CHECKLIST

The following checklist is to help school districts determine if they are consistent with state law regarding the administration of medication.

YES	NO	*The School District:*
_____	_____	1. Has designated employees who may administer medication.
_____	_____	2. Has a policy for proper identification and safekeeping of medication.
_____	_____	3. Has provided training for designated employees.
_____	_____	4. Has a procedure for the maintenance of records for administration.
_____	_____	5. Has current parent or guardian written and signed permission for medication to be administered at school.
_____	_____	6. Has a copy of the student's health care provider's signed statement describing the method, amount, and time schedule for administration.
_____	_____	7. Has a copy of the student's health care provider's statement that administration for medication by school employees during the school day is necessary.

HEALTH CARE PLAN

(Please attach forms if room is insufficient)

Student Identification

Student Name _____ Date of Birth _____

Background Information
Nursing Assessment (complete all necessary sections)

Brief Medical History / Specific Health Care ☐ *(check box if additional information is attached)*

Psychosocial Concerns ☐ *(check box if additional information is attached)*

Student and Family Strengths ☐ *(check box if additional information is attached)*

Academic / Achievement Profile ☐ *(check box if additional information is attached)*

Goals and Actions

Skills checklist ☐ *Attach physician's order and other standards for care.*

Procedures and Interventions (student specific)

Procedure	*Administered by*	*Equipment*	*Maintained by*	*Auth / trained by*
1)				
2)				
3)				

Medications ☐ *Attach medication guideline and administration log.*

Diet ☐ *(check box if additional information is attached)*

Goals and Actions (continued)

Transportation ☐ *(check box if additional information is attached)*

Classroom School Modifications (including adapted PE) ☐ *(check box if additional information is attached)*

Equipment and Supplies: ☐ Provided by Parent ☐ Provided by School District ☐ *(not necessary)*

List Equipment:_____

Training, Education (staff, CPR, skills checklist), (peers, students)

Student Participation in Procedures (student skills checklist) ☐ *(check box if additional information is attached)*

Safety Measures ☐ *(check box if additional information is attached)*

Contingencies

Emergency Plan ☐ *Attached* Transportation Plan ☐ *Attached* Training Plan ☐ *Attached*

Substitute / Backup Staff (when primary staff not available)

Possible Problems to be Expected

Authorizations

I have participated in the development of the Health Care Plan and agree with the contents.

	Date		Date
Parent(s)_____	__/__/__	Teacher_____	__/__/__
School Liaison_____	__/__/__	Teacher_____	__/__/__
School Nurse_____	__/__/__	Other_____	__/__/__
LEA Representative_____	__/__/__	Other_____	__/__/__

Physician: *order for medication/specialized procedure (if pertinent)*_____ __/__/__

Administrative Comments

Effective Beginning Date _____ Date Health Care Checklist Completed _____

IEP if Appropriate _____ Date _____

Next Review Date _____

IVORY—1992

HEALTH CARE PLAN LOG

Student Name_____ Date of Birth _____

Date / Time	Procedure Notes	Observations	Name

IVORY—1992

Date / Time	Procedure Notes	Observations	Name

EMERGENCY PLAN

Student: _____ Date: _____

Preferred hospital in case of emergency: _____

Physician: _____ Phone #: _____

STUDENT-SPECIFIC EMERGENCIES

If You See This	*Do This*

IF AN EMERGENCY OCCURS:

1. If the emergency is life-threatening, immediately call 9-1-1.
2. Stay with student or designate another adult to do so.
3. Call or designate someone to call the principal and/or health care coordinator.
   a. State who you are.
   b. State where you are.
   c. State problem.
4. If the school liaison is unavailable, the following staff members are trained to deal with an emergency, and to initiate the appropriate procedures:

_____

_____

TRANSPORTATION PLAN

Bus Number: _____ ❑ a.m. ❑ p.m.

Bus Driver: _____

Student's Name: _____

Address: _____

_____

Home Phone: _____

Father's Work Phone: _____

Mother's Work Phone: _____

Student's Photo

Babysitter's Name: _____ Phone: _____

Address: _____

School: _____ Teacher: _____

Disability / Diagnosis: _____

Medications: _____

Side Effects: _____

1. Mode of transportation on bus. (check one)

   ❑ wheelchair ❑ car seat ❑ seat belt ❑ chest harness

2. Walks up bus stairs independently:

   ❑ Yes ❑ No

3. Student's method of communication: _____

4. Behavioral difficulties student displays: _____

5. Equipment that must be transported on bus (including oxygen, life-sustaining equipment, wheelchair equipment, climate control, etc.)

   _____

   _____

6. Procedures for failure of life-sustaining equipment (if any): _____

_____

7. Wheelchair restraint checklist: (check all that apply)

seat belt	❑ on	❑ off	❑ headrest up	
chest harness	❑ on	❑ off	❑ abductor in place	
wheelchair brakes	❑ on	❑ off	❑ other _____	
tray	❑ on	❑ off	_____	

8. Positioning and handling requirements: _____

_____

_____

9. Substitute bus drivers.

Name: _____ Phone: _____

Name: _____ Phone: _____

10. The bus driver and substitute(s) received training regarding the student's special needs.

❑ yes ❑ no Date of Training: _____

STUDENT-SPECIFIC EMERGENCIES:

If you see this...	Do this...

TRAINING PLAN

Date _____ Instructor _____ Person Trained _____

TYPE OF TRAINING _____

Recommendations for follow-up and further training: _____

Recheck Recommended: _____

Date _____ Instructor _____ Person Trained _____

TYPE OF TRAINING _____

Recommendations for follow-up and further training: _____

Recheck Recommended: _____

Date _____ Instructor _____ Person Trained _____

TYPE OF TRAINING _____

Recommendations for follow-up and further training: _____

Recheck Recommended: _____

Date _____ Instructor _____ Person Trained _____

TYPE OF TRAINING _____

Recommendations for follow-up and further training: _____

Recheck Recommended: _____

Date _____ Instructor _____ Person Trained _____

TYPE OF TRAINING _____

Recommendations for follow-up and further training: _____

Recheck Recommended: _____

Date _____ Instructor _____ Person Trained _____

TYPE OF TRAINING _____

Recommendations for follow-up and further training: _____

Recheck Recommended: _____

PARENT / PHYSICIAN AUTHORIZATION

I (We), the undersigned, who am (are) the parent(s) / guardian(s) of

_____, _____
(Student) (Birthdate)

request and approve the attached health care plan.

I (We) understand that a qualified designated person(s) will be performing the health care service. It is my (our) understanding that in performing this service, the designated person(s) will be using a standardized procedure which has been approved by the student's Health Care Team and Physician.

_____
(Physician Name) (Address) (Telephone)

_____
(Physician Signature) (Date)

I (We) will notify the school immediately if the health status of _____ changes, I (we) change physicians, or there is a change or cancellation of the procedure.

I (We) agree to provide the following, if any: equipment, supplies, medication, dietary supplements, and help in training:

_____

_____

_____

Signature of Parent(s) / Guardian(s)

Name: _____

Signed: _____

Address: _____

_____

Telephone:

(Home) _____

(Work) _____

Date: _____

Name: _____

Signed: _____

Address: _____

_____

Telephone:

(Home) _____

(Work) _____

Date: _____

WHITE—1992

HEALTH CARE PLAN CHECKLIST

Student:_____ Birthdate:_____ School:_____

PREPARATION FOR ENTRY

Parents' contacts: _____ Notification / Date; _____ Permission / Date; _____ Home Visit / Date

Physician contacted: _____ Date Contacted

Nursing evaluations: _____ Date Completed

Other evaluations: *(list type and date)* _____ ( ) _____ ( )

Planning meetings: _____ Date _____ Date

Educational team meetings: _____ Date _____ Date

HEALTH CARE PLAN

	COMPLETED Yes	No	*DATE*
1) Referral Checklist ***(GREEN)***	____	____	_____
2) Student Information ***(TAN)***	____	____	_____
3) Physician Order for Specialized Services ***(PINK)***	____	____	_____
4) Medication Plan / Record / Checklist ***(PINK)***	____	____	_____
5) Health Care Plan ***(IVORY)***	____	____	_____
6) Emergency Plan ***(SALMON)***	____	____	_____
7) Transportation Plan ***(BLUE)***	____	____	_____
8) Training Plan ***(GRAY)***	____	____	_____
9) Parent / Physician Authorization ***(WHITE)***	____	____	_____

YELLOW—1992

APPENDIX B

NURSE PRACTICE ACT

NURSE PRACTICE ACT

1992 GENERAL SESSION

Enrolled Copy

S. B. No. 61

By C. E. Peterson

Millie M. Peterson

Robert C. Steiner

Lane Beattie

Dix H. McMullin

Delpha A. Baird

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Scott N. Howell

Karen Shepherd

John P. Holmgren

Lyle W. Hillyard

AN ACT RELATING TO HEALTH; REVISING THE NURSE PRACTICE ACT; PROVIDING DEFINITIONS AND LICENSING QUALIFICATIONS FOR TYPES OF NURSING PRACTICE; PROVIDING PROFESSIONAL AUTHORITY FOR EACH TYPE OF PRACTICE; DEFINING UNPROFESSIONAL CONDUCT; PROVIDING PENALTIES FOR VIOLATIONS OF THE CHAPTER; AND PROVIDING AN EFFECTIVE DATE.

THIS ACT AFFECTS SECTIONS OF UTAH CODE ANNOTATED 1953 AS FOLLOWS:

ENACTS:

58-31-2, UTAH CODE ANNOTATED 1953

58-31-17, UTAH CODE ANNOTATED 1953

58-31-18, UTAH CODE ANNOTATED 1953

58-31-19, UTAH CODE ANNOTATED 1953

58-31-20, UTAH CODE ANNOTATED 1953

58-31-21, UTAH CODE ANNOTATED 1953

58-31-22, UTAH CODE ANNOTATED 1953

REPEALS AND REENACTS:

58-31-1,AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-3, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-4, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-5, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-6, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-7, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-8, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-9, AS LAST AMENDED BY CHAPTER 225, LAWS OF UTAH 1989

58-31-10, AS LAST AMENDED BY CHAPTER 225, LAWS OF UTAH 1989

58-31-11, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-12, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-13, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-14, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-15, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-31-16, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

REPEALS:

58-31-9.1, AS LAST AMENDED BY CHAPTER 54, LAWS OF UTAH 1985

58-3 1-10.1, AS LAST AMENDED BY CHAPTER 92, LAWS OF UTAH 1987

58-31a-1, AS LAST AMENDED BY CHAPTER 52, LAWS OF UTAH 1985

58-31a-2, AS ENACTED BY CHAPTER 52, LAWS OF UTAH 1985

58-31a-3, AS LAST AMENDED BY CHAPTER 52, LAWS OF UTAH 1985

58-31a-4, AS ENACTED BY CHAPTER 16, LAWS OF UTAH 1983

58-31a-5, AS LAST AMENDED BY CHAPTER 173, LAWS OF UTAH 1991

58-31a-6, AS LAST AMENDED BY CHAPTER 52, LAWS OF UTAH 1985

Be it enacted by the Legislature of the state of Utah:

Section 1. Section 58-31-1, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-1. Short title.

This chapter is known as the "Nurse Practice Act."

Section 2. Section 58-31-2, Utah Code Annotated 1953, is enacted to read:

58-31-2. Definitions.

(1) "Applicant" means a person who applies for licensure under this chapter by submitting a completed application for licensure and the required fees to the department.

(2) "Approved education program" means a nursing education program that meets the minimum standards established under this chapter or by division rule in collaboration with the board.

(3) "Board" means the Board of Nursing established under this chapter.

(4) "Consultation and referral plan" means a written plan:

(a) jointly developed by an advanced practice registered nurse who has or is applying for prescriptive authority and the consulting physician to that nurse;

(b) approved by the Prescriptive Practice Board; and

(c) that contains consultation and referral criteria by which that advanced practice registered nurse, working in collaboration with that consulting physician, may prescribe medicines in the treatment of common health problems.

(5) "Consulting physician" means a physician who:

(a) has agreed to practice consultation with an advanced practice registered nurse who has or is applying for prescriptive authority in accordance with an approved written consultation and referral plan; and

(b) is actively engaged in the same or a similar practice as is the advanced practice registered nurse.

(6) "Department" means the Department of Commerce.

(7) "Diagnosis" means the identification of and discrimination between physical and psychosocial signs and symptoms essential to effective execution and management of health care.

(8) "Director" means the director of the Division of Occupational and Professional Licensing.

(9) "Division" means the Division of Occupational and Professional Licensing.

(10) "Examinee" means a person who applies to take or does take any examination required under this chapter for licensure.

(11) "Licensee" means a person who is licensed under this chapter.

(12) "Physician" means a person licensed and in good standing as a physician and surgeon or as an osteopathic physician under Chapter 12, Title 58, Practice of Medicine and Surgery and the Treatment of Human Ailments.

(13) "Practice of nursing" means performance of acts by a person licensed under this chapter or Chapter 44 Title 58 Certified Nurse Midwifery Practice Act, based upon that person's knowledge, skill, preparation, education, and experience including:

(a) initiating and maintaining comfort measures;

(b) promoting and supporting human functions and responses;

(c) establishing an environment conducive to well-being;

(d) providing health counseling and teaching; and

(e) collaborating with health care professionals on aspects of the health care regimen.

(14) "Practice of practical nursing" means a performance of nursing acts as provided in this subsection by a person licensed under this chapter as a licensed practical acts include.

(a) contributing to the assessment of the health status of individuals and groups;

(b) participating in the development and modification of the strategy of care;

(c) implementing appropriate aspects of the strategy of care;

(d) maintaining safe and effective nursing care rendered to a patient directly or indirectly;

(e) participating in the evaluation of responses to interventions; and

(f) delegating nursing interventions that may be performed by others and that do not conflict with this chapter.

(15) "Practice of registered nursing" means performing acts of nursing as provided in this subsection by a person licensed under this chapter as a registered nurse. The nursing acts require

substantial specialized education, Preparation, skill, judgment, and knowledge in the generally recognized scope of practice of registered nurses. Registered nursing acts include:

(a) assessing the health status of individuals and groups;

(b) identifying health care needs;

(c) establishing goals to meet identified health care needs;

(d) planning a strategy of care;

(e) prescribing nursing interventions to implement the strategy of

(f) implementing the strategy of care;

(g) delegating nursing interventions that may be performed by others and are not in conflict with this chapter;

(h) maintaining safe and effective nursing care that is rendered to a patient directly or indirectly;

(i) evaluating responses to interventions;

(j) teaching the theory and practice of nursing; and

(k) managing and supervising the practice of nursing.

(16) "Practice of advanced practice registered nursing" means the practice of nursing within the generally recognized scope of advanced practice registered nursing as defined by division rule consistent with

professionally recognized preparation and education standards of an advanced practice registered nurse by a person licensed under this chapter as an advanced practice registered nurse. Advanced practice registered nursing includes:

(a) maintenance and Promotion of health and prevention of disease;

(b) diagnosis, treatment, correction, consultation, or referral for common health problems; and

(c) prescription or administration of prescription drugs, including local anesthesia and prescription devices in conformance with an approved consultation and referral plan.

(17) "Practice of nurse anesthesia" means the practice of nursing by a person licensed under this chapter as a certified registered nurse anesthetist and includes the administration of general, regional, or local anesthesia.

(18) "Prescriptive Practice Board" means the Nurse Prescriptive Practice Board established in Section 58-31-3.

(19) "Unprofessional conduct" includes:

(a) a demonstrated pattern of negligence or failure to utilize or exercise appropriate judgment in the practice of nursing which demonstrates a threat or potential threat to the patient or public health, safety, and welfare;

(b) failure to safeguard a patient's right to privacy as to the patient's person, condition, diagnosis, personal effects, or any other matter about which the licensee is privileged to know because of the licensee's position or practice as a nurse;

(c) failure to provide nursing service in a manner that demonstrates respect for the patient's human dignity and unique personal character and needs without regard to the Patient's race, religion, ethnic background, socioeconomic status, age, sex, or the nature of the patient's health problem;

(d) verbally, physically, mentally, or sexually abusing a patient;

(e) engaging in sexual relations with a patient during any:

(i) period when a generally recognized professional relationship exists between the nurse and patient; or

(ii) extended period when a patient has reasonable cause to believe a professional relationship exists between the nurse and patient;

(f) (i) as a result of any circumstance under Subsection (e) a licensee exploits or uses information about a patient or exploits the Licensee's professional relationship between the licensee and the patient; or

(ii) the licensee exploits the patient by the use of the licensee's knowledge of the patient obtained while acting as a nurse;

(g) acting as a nurse beyond the scope of the license the individual holds;

(h) acting as a nurse beyond the scope of one's competency or education;

(i) acting as or performing the duties of a nurse while unfit to perform those duties for any reason, including physical or mental impairment or impairment due to the use of any substance, including alcohol or drugs;

(j) unlawfully obtaining, possessing, or using any prescription drug or illicit drug;

(k) unauthorized taking or personal use of nursing supplies from an employer;

(l) unauthorized taking or personal use of a patient's personal property;

(m) knowingly entering into any medical record any false or misleading information or altering a medical record in any way for the purpose of concealing an act, omission, or record of events, medical condition, or any other circumstance related to the patient and the medical or nursing care provided;

(n) unlawful or inappropriate delegation of nursing care;

(o) failure to exercise appropriate supervision of persons providing patient care services under supervision of the licensed nurse;

(p) engaging in any act of fraud, misrepresentation, or deceit in taking the nurse licensure examination qualifying one for licensure as a nurse, or in obtaining a nursing license;

(q) employing or aiding and abetting the employing of an unqualified or unlicensed person to practice as a nurse;

(r) permitting another person to use the nursing license issued to a person;

(s) failure to report to the division known facts regarding unprofessional or unlawful conduct by any health care professional licensed under the laws of this state; and

(t) any act or omission that results in the denial, revocation, suspension, probation, or other action against an individual's nursing or related health care license in any jurisdiction.

Section 3. Section 58-31-3, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to

58-31-3. Boards.

(1) There is created a Board of Nursing that consists of the following 13 members, whose appointments shall provide broad representation of the various interests and constituencies in the nursing profession:

(a) five persons licensed as registered nurses, three of whom are actively involved in approved nursing education programs;

(b) three persons licensed as licensed practical nurses;

(c) one person licensed as an advanced practice registered nurse and designated as a registered nurse practitioner;

(d) one person licensed as an advanced practice registered nurse and designated as a registered nurse specialist;

(e) one person licensed as a certified registered nurse anesthetist;

(f) one person licensed as a registered nurse employed in a nursing administrative position within a licensed health care facility; and

(g) one member of the public who is not a licensed health care provider.

(2) There is created a Nurse Prescriptive Practice Board that consists of the following seven members:

(a) three advanced practice registered nurses who have current prescriptive practice privileges;

(b) three physicians, of whom at least two act as consulting physicians to advanced practice registered nurses with prescriptive privileges; and

(c) one pharmacist.

(3) The boards created in this section shall be appointed and serve in accordance with Section 58-1-7.

Section 4. Section 58-31-4, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is revealed and reenacted to read:

58-31-4. The Board of Nursing and Prescriptive Practice Board functions.

(1) The Board of Nursing shall carry out the duties and responsibilities in Sections 58-1-8 and 58-1-9 and shall:

(a) recommend to the division minimum standards for educational programs qualifying a person for licensure under this chapter;

(b) recommend to the division those educational programs that meet the established minimum standards;

(c) establish by rule a survey of educational programs within the state; and

(d) recommend to the division denial or approval or withdrawal of approval regarding educational programs that fail to meet the established minimum standards.

(2) (a) The director shall appoint an individual to serve as the executive administrator of the Board of Nursing. The executive administrator shall serve as an ex officio member of the board and shall represent the position of the division in matters considered by the board.

(b) The executive administrator shall be a licensed registered nurse, shall have earned a masters degree in nursing, and shall have a minimum of five years of experience working in nursing administration or nursing education.

(3) The Prescriptive Practice Board shall:

(a) develop the standards and criteria to be adopted by division rule, by which the board shall consider and approve, modify, or disapprove consultation and referral plans;

(b) recommend to the division the prescriptive practice authority to be granted to applicants who hold an advanced practice registered nurse license;

(c) periodically review the current consultation and referral plan for each advanced practice registered nurse granted prescriptive practice authority and evaluate compliance with the approved plan; and

(d) recommend to the division denial or withdrawal of prescriptive authority in accordance with Section 58-31-13.

Section 5. Section 58-31-5, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-5. Peer review committees.

(1) There are created under Subsection 58-1-9(6) the following advisory peer committees to the Board of Nursing:

(a) education program Peer review committee;

(b) nursing practice standards peer review committee; and

(c) probation peer review committee.

(2) Each advisory peer committee established under this section shall be composed of five members appointed by the director in collaboration with the board.

(3) The scope of authority for each of the advisory peer review committees established under Subsection (1) shall be established by division rule made in collaboration with the board.

(4) The committee members shall be appointed and serve under the same provisions as apply to board members under Subsections 58-1-7(1)(d), (e), (f), and (g), and (2), (3), and (4).

(5) This section does not prohibit the appointment of other advisory peer committees to the Board of Nursing under Subsection 58-1-9(6).

Section 6. Section 58-31-6, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-6. License classifications -- Unlawful practice -- Penalty – Exceptions from licensure.

(1) The division shall issue a license in the following classifications to individuals qualified under this chapter:

(a) licensed practical nurse;

(b) registered nurse;

(c) advanced practice registered nurse designated as:

(i) registered nurse practitioner;

(ii) registered nurse specialist;

(iii) registered psychiatric mental health nurse specialist; and

(d) certified registered nurse anesthetist.

(2) (a) A person not licensed under this chapter may not represent himself by any name, title, or initials that would cause a reasonable person to believe the person is licensed under this chapter.

(b) A violation of this subsection is a class B misdemeanor.

(3) (a) A person not licensed or excepted from licensure under this chapter may not engage in the practice of nursing.

(b) A violation of this subsection is a third degree felony.

(4) The following persons are excepted from licensure under this chapter and may, subject to the stated conditions and limitations, engage in practices that may constitute the practice of nursing or represent themselves as licensed nurses:

(a) a qualified nurse employed by the United States government or any federal agency while that person is involved in the performance of official duties associated with that government employment if the nurse holds a current valid license issued by one of the state or territories of the United States;

(b) a person enrolled in an approved nurse education program to the extent the person's nursing activities are under the supervision of a qualified licensed nurse and the tasks or activities are a defined part of the approved education program;

(c) a person engaged in a nursing internship, residency, preceptorship, Postceptorship, fellowship, or other program of education approved by the division while the person is under the supervision of a qualified person;

(d) a person residing in another state who is licensed to practice nursing in that state, who is:

(i) called in for a consultation by a person licensed in this state and the services provided are limited to that consultation; or

(ii) who is invited by a recognized school, association, society, or other organization to conduct a lecture, clinic, or demonstration of the practice of

nursing, so long as that person does not regularly engage in the practice of nursing in the state;

(e) friends or family members of a patient while performing gratuitous nursing care for the patient;

(f) persons providing care in a medical emergency;

(g) persons engaged in the practice of the religious tenets of a church or religious denomination; or

(h) a person licensed as a registered nurse, advanced practice registered nurse, or licensed practical nurse in another state, territory, or jurisdiction of the United States, who is caring for a patient who is in transit through the state, while the patient is temporarily within the state.

Section 7. Section 58-31-7, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-7. Qualifications for licensure.

(1) Applicants for licensure as a licensed practical nurse shall:

(a) submit to the division an application form prescribed by the division;

(b) pay to the division a fee determined under Section 63-38-3;

(c) be in a condition of physical and mental health that will permit the applicant to practice safely as a licensed practical nurse;

(d) have completed an approved practical nursing education program or an equivalent as determined by the board;

(e) have passed the examinations prescribed by division rule made in collaboration with the board within two years after completion of the approved practical nursing education program required under Subsection (d); and

(f) meet with the board, if requested, to determine the applicant's qualifications for licensure.

(2) Applicants for licensure as a registered nurse shall:

(a) submit to the division an application form prescribed by the division;

(b) Pay to the division a fee determined under Section 63-38-3;

(c) be in a condition of physical and mental health that will allow the applicant to practice safely as a registered nurse;

(d) have completed an approved registered nursing education program;

(e) have passed the examinations prescribed by division rule made in collaboration with the board within two years after completion of the approved registered nursing education program required under Subsection (d); and

(f) meet with the board, if requested, to determine the applicant's qualifications for licensure.

(3) Applicants for licensure as an advanced practice registered nurse designated as a registered nurse practitioner shall:

(a) submit to the division an application form prescribed by the division;

(b) pay to the division a fee determined under Section 63-38-3;

(c) be in a condition of physical and mental health that will allow the applicant to practice safely as a registered nurse practitioner;

(d) hold a current registered nurse or other advanced practice registered nurse license in good standing issued by the state;

(e) have earned a masters degree from a nurse practitioner program approved by the division in collaboration with the board;

(f) have passed the examinations prescribed by division rule made in collaboration with the board; and

(g) meet with the board, if requested to determine the applicant's qualifications for licensure.

(4) Applicants for licensure as an advanced practice registered nurse designated as a registered nurse specialist shall:

(a) submit to the division an application form prescribed by the division;

(b) pay to the division a fee determined under Section 63-38-3;

(c) be in a condition of physical and mental health that will allow the applicant to practice safely as a registered nurse specialist;

(d) hold a current registered nurse or other advanced practice registered nurse license in good standing issued by the state;

(e) have earned a masters degree from a nurse specialty program approved by the division in collaboration with the board;

(f) have passed the examinations prescribed by division rule made in collaboration with the board; and

(g) meet with the board, if requested, to determine the applicant's qualifications for licensure.

(5) Applicants for licensure as an advanced practice registered nurse designated as a psychiatric mental health nurse specialist shall:

(a) submit to the division an application form prescribed by the division;

(b) pay to the division a fee determined under Section 63-38-3;

(c) be in a condition of health that will allow the applicant to practice safely as a registered psychiatric mental health nurse specialist;

(d) hold a current registered nurse or other advanced practice registered nurse license in good standing issued by the state;

(e) have earned a masters degree from a graduate nursing education program in Psychiatric or mental health nursing or psychosocial nursing approved by the division in collaboration with the board;

(f) have successfully completed clinical practice in psychiatric and mental health nursing, including psychotherapy as defined by division rule, after completion of the masters degree required for licensure in this classification;

(g) have passed the examinations prescribed by division rule made in collaboration with the board; and

(h) meet with the board, if requested, to determine the applicant's qualifications for licensure

(6) Applicants for licensure as a certified registered nurse anesthetist shall:

(a) submit to the division an application form prescribed by the division;

(b) pay to the division a fee determined under Section 63-38-3;

(c) be in a condition of physical and mental health that allows the applicant to practice safely as a certified registered nurse anesthetist;

(d) hold a current registered nurse or other advanced practice registered nurse license in good standing issued by the state;

(e) have completed a program of education and clinical practice in anesthesia approved by the division in collaboration with the board;

(f) have passed the examinations prescribed by division rule made in collaboration with the board;

(g) show evidence of current and continuing participation in an anesthesia quality assurance program approved by the division in collaboration with the board; and

(h) meet with the board, if requested, to determine the applicant's qualifications for licensure.

Section 8. Section 58-31-8, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-8. Qualifications for licensure -- Graduates of non-approved nursing programs.

Applicants for licensure as a practical nurse or registered nurse who are graduates of a nursing education program not approved by the division in collaboration with

the board must comply with the requirements of this section.

(1) An applicant for licensure as a licensed practical nurse shall:

(a) meet all requirements of Subsection 58-31-7(1), except Subsection (1)(d);

(b) produce evidence acceptable to the division and the board that the nursing education program completed by the applicant is equivalent to the minimum standard established by the division in collaboration with the board for an approved licensed practical nursing education program; and

(c) demonstrate to the board that he is fluent in speaking and writing the English language and is able to comprehend verbal and written communication in English.

(2) Applicants for licensure as a registered nurse shall:

(a) meet all requirements of Subsection 58-31-7(2), except Subsection (2)(d); and

(b) (i) pass the Commission on Graduates of Foreign Nursing Schools (CGFNS) Examination; or

(ii) produce evidence acceptable to the division and the board that the applicant is currently licensed as a registered nurse in one of the states, territories, or the District of Columbia of the United States and has practiced satisfactorily as a licensed registered nurse in that jurisdiction for a period of not less than 4,000 hours.

Section 9. Section 58-31-9, Utah Code Annotated 1953, as last amended by Chapter 225, Laws of Utah 1989, is repealed and reenacted to

read:

58-31-9. Qualifications for admission to the examinations.

(1) To be admitted to the examinations required for licensure as a practical nurse, a person shall:

(a) submit to the division an application form prescribed by the division;

(b) pay to the division a fee as determined by the division under Section 63-38-3; and

(c) have successfully completed a state approved licensed practical nursing education program, or equivalent education program approved by the board and division prior to the date of the examination for which application is made.

(2) To be admitted to the examinations required for licensure as a registered nurse, a person shall:

(a) submit to the division an application form prescribed by the division;

(b) pay to the division a fee as determined by the division under Section 63-38-3; and

(c) have successfully completed a state approved registered nursing education program or equivalent education program approved by the board and division prior to the date of the examination for which application is made.

(3) To be admitted to the examinations required by division rule for licensure as an advanced practice registered nurse, a person shall apply to and meet the qualifications of those independent agencies administering the examinations.

Section 10. Section 58-31-10, Utah Code Annotated 1953, as last amended by Chapter 225, Laws of Utah 1989, is repealed and reenacted to read:

58-31-10. Expiration of license -- Renewal .

(1) (a) Each license issued under this chapter shall be issued in accordance with a two-year renewal cycle established by division rule.

(b) The expiration date of a license shall be printed on the license when it is issued.

(2) Renewal of any license issued under this chapter is the responsibility of the licensee in accordance with Section 58-1-14.

(3) To renew a license the licensee shall:

(a) complete and submit an application for renewal in a form prescribed by the division and pay the renewal fee determined under Section 63-38-3; and

(b) meet continuing competency requirements as established by division rule

(4) In addition to the renewal requirements under Subsections (2) and (3), persons licensed as certified registered nurse anesthetists shall:

(a) actively participate on a continuing regular basis in an anesthesia quality assurance program approved by the division in collaboration with the board and submit evidence satisfactory to the division of the participation; and

(b) be currently certified in anesthesia by a program approved by the division in collaboration with the board and submit evidence satisfactory to the division of the certification.

(5) A person whose license has been suspended for failure to renew under Section 58-1-14 may reinstate that license in accordance with Section 58-1-14 and division rules.

Section 11. Section 58-31-11, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-11. Temporary license.

(1) The division may issue a temporary license under Subsection 58-1-13(1)(a) to a person who meets all qualifications for a license under this chapter except the passing of the required examinations if that applicant:

(a) is a graduate of an approved nursing education program within the year immediately preceding application for a temporary license;

(b) has never before taken the examinations; and

(c) submits to the division evidence of having secured employment conditioned upon issuance of the temporary license, and the employment is under the direct supervision of:

(i) a registered nurse if the applicant for the temporary license is applying for licensure as a licensed Practical nurse or registered nurse;

(ii) an advanced practice registered nurse or physician if the applicant is applying for licensure as an advanced practice registered nurse, except a registered psychiatric mental health nurse specialist may be under the general and direct supervision, as established by division rule, of an approved supervisor; or

(iii) (A) an approved physician who is practicing in the specialty of anesthesiology if available in the area of employment or if such an anesthesiologist is not available, then an approved certified registered nurse anesthetist available in the area of employment if the applicant is applying for licensure as a certified registered nurse anesthetist;

(B) supervision under this subsection shall be on-site.

(2) A temporary license issued under Subsection (1) expires on the earlier of:

(a) 90 days after issuance if the temporary license is to an applicant for licensure as a registered nurse or licensed practical nurse;

(b) a date following a period established by division rule if the temporary license is to an applicant for licensure as an advanced practice registered nurse;

(c) the date upon which the division receives notice from the examination agency that the individual failed to take or pass the examinations; or

(d) the date upon which the division issues the individual a regular license in the same classification as the temporary license.

(3) The division may issue a temporary license under Subsection (1) only one time to any person.

(4) The division may grant a temporary license to a qualified individual for a specified period of time upon a finding that a license is necessary due to:

(a) a local or national emergency;

(b) a lack of adequate licensed individuals to provide nursing care in any community of this state; or

(c) a circumstance in which the division and the board determine an applicant for regular license should first be observed by the division and the board in the supervised clinical practice of nursing before a permanent license is issued.

Section 12. Section 58-31-12, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-12. Licensure by endorsement.

(1) The division may issue a license without an examination to a person who is currently licensed in any state, district, or territory of the United States or in any foreign country whose education, experience, and examination requirements are equal to those of this state.

(2) Prior to issuing a license under this section the division shall require the person to produce satisfactory evidence of his identity, licensure in the other jurisdiction, good standing in the profession of nursing, and that the education, experience, and examination requirements by which he obtained licensure are equal to the requirements of this state.

Section 13. Section 58-31-13, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-13. Grounds for denial of licensure and disciplinary proceedings.

(1) The division shall refuse to issue a license to an applicant and shall refuse to renew or shall revoke, suspend, or place on probation the license of a licensee who:

(a) does not meet the qualifications for licensure under this chapter; or

(b) is guilty of a criminal offense which, when considered with the functions and duties of a licensee under this chapter, demonstrates a threat or potential threat to the public health, safety, or welfare.

(2) The division may refuse to issue a license to an applicant and may refuse to renew or may revoke, suspend, or place on probation the license of a licensee who:

(a) is guilty of unlawful or unprofessional conduct related to practice under this chapter;

(b) has obtained or attempted to obtain a license by fraud, deceit, or willful misrepresentation;

(c) is unfit or incompetent to practice nursing by reason of abuse of drugs or alcohol or a physical or mental condition; or

(d) has had a license or certification to practice in any profession or occupation subjected to discipline as a result of the licensee's action or omissions which, when considered with the activities regulated under this chapter, demonstrates a threat or potential threat to the public health, safety, or welfare.

(3) (a) If a court of competent jurisdiction determines that a nurse is an "incapacitated person" as defined in Subsection 75-1-201(18) or is mentally ill, the director shall suspend the license of the nurse upon entry of the judgment, regardless of the pendency of an appeal.

(b) If it appears to the board that there is reasonable cause to believe that a nurse, even though he has not been judicially determined to be incompetent, mentally incompetent, or incapable, is unable to practice nursing with reasonable skill and safety to patients because of illness, drunkenness, excessive use of drugs, narcotics, chemicals, or any other type of material, or as a result of any mental or physical condition, a complaint in the name of the board shall be served upon the nurse for hearing on the sole issue of the capacity of the nurse to conduct properly the practice of nursing.

(c) For purposes of this subsection, every nurse licensed under this chapter who accepts the privilege of practicing nursing in this state is considered to have:

(i) given consent to submit to a mental or physical examination when directed in writing by the board to do so; and

(ii) waived all objections to the admissibility of the examining physicians' testimony or examination reports on the ground that they constitute a privileged communication.

(d) (i) Failure of a nurse to submit to the examination when directed by the board constitutes grounds for immediate suspension of the nurse's license, unless the failure was due to circumstances beyond the control of the nurse.

(ii) The director may enter an order of suspension of the license without the taking of testimony or the presentation of evidence upon a finding of reasonable cause to believe that an order of suspension is necessary to protect the public health, safety, or welfare.

(e) A nurse whose license is suspended under this subsection shall, at reasonable intervals, be afforded the opportunity to demonstrate that he can resume the competent practice of nursing with reasonable skill and safety to Patients.

(4) The proceedings of the board and any action taken by it under Subsection (3) are not admissible against a nurse in any other proceedings.

Section 14. Section 58-31-14, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-14. Use of title or designation.

It is a class B misdemeanor for any person who is not licensed under this chapter to use the following titles, names, or initials:

(1) nurse;

(2) licensed practical nurse, practical nurse, or L.P.N.;

(3) registered nurse or R.N.;

(4) registered nurse practitioner, N.P., or R.N.P.;

(5) registered nurse specialist, N.S., or R.N.S.;

(6) registered psychiatric mental health nurse specialist;

(7) advanced practice registered nurse;

(8) nurse anesthetist, certified nurse anesthetist, certified registered nurse anesthetist, or C.R.N.A.; or

(9) other generally recognized names or titles used in the profession of nursing.

Section 15. Section 58-31-15, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-15. Prescriptive authority.

(1) An advanced practice registered nurse may apply for and obtain prescriptive authority to administer local anesthesia and administer and prescribe certain drugs:

(a) as authorized by this section and rules made under this section; and

(b) in collaboration with a consulting physician as provided in Subsection (3);

(2) To obtain prescriptive authority under this section, an advanced practice registered nurse shall present to the division evidence satisfactory to the division and Prescriptive Practice Board of

successful completion of coursework in patient assessment and diagnosis, and pharmacotherapeutics as required by division rule.

(3) (a) A licensee may exercise prescriptive authority obtained under this section only in accordance with a written consultation and referral plan approved by the Prescriptive Practice Board and the division.

(b) The consultation and referral plan shall reflect a planned program for the use of prescription drugs and controlled substances compatible with the licensee's competence and the scope of practice in which the licensee is engaged.

(4) (a) Subject to Subsection (b), the division may revoke, suspend, or place on probation the prescribing authority of any person granted prescriptive authority under this section upon a finding of unprofessional or unlawful conduct.

(b) Before taking any action under this subsection, the division shall comply with the provisions of Section 58-1-16 regarding disciplinary action and Chapter 46b, Title 63, Administrative Procedures Act.

(5) The division shall grant prescriptive authority under this chapter to any advanced practice registered nurse holding prescriptive authority under any predecessor act on July 1, 1992, the effective date of this chapter if an approved consultation and referral plan for that nurse is current and on file with the division.

(6) The division may issue a temporary prescriptive authority to a licensed advanced practice registered nurse who has completed the requirements of Subsection (2) during the time the nurse is completing approved clinical training for which the nurse is required to have prescriptive practice authority.

(7) The division in collaboration with the Prescriptive Practice Board shall adopt rules to appropriately regulate the administering and prescribing of drugs by an advanced practice registered nurse. The rules shall provide:

(a) an advanced practice registered nurse may not:

(i) prescribe any schedule II controlled substance as defined under Chapter 37, Title 58, Utah Controlled Substances Act; or

(ii) administer any Schedule II controlled substance as defined under Chapter 37, Title 58, Utah Controlled Substances Act, except in a clinical emergency and:

(A) in accordance with an approved consultation and referral plan; or

(B) upon the order of a practitioner licensed to prescribe that controlled substance.

(b) an advanced practice registered nurse may:

(i) prescribe and administer a Schedule III, IV, or V controlled substance as defined by Chapter 37, Title 58, Utah Controlled Substances Act, for a period up to and including seven days, and for more than seven days only with the specific concurrence of the consulting physician; or

(ii) administer an appropriate controlled substance in a clinical emergency in accordance with an approved consultation and referral plan or upon the order of a practitioner licensed to prescribe that controlled substance.

Section 16. Section 58-31-16, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985, is repealed and reenacted to read:

58-31-16. Consulting physician -- Limitation.

(1) A consulting physician may enter into a consultation and referral plan with not more than two advanced practice registered nurses, except under Subsections (2) and (3).

(2) The division may authorize the consulting physician to consult with a greater or lesser ratio of advanced practice registered nurses if the division with approval of the prescriptive practice board finds under the criteria in Subsection (3) that the circumstances under which the consulting physician is available to consult permit the greater or lesser ratio.

(3) The division shall make rules under Chapter 46a, Title 63, Utah Administrative Rulemaking Act, establishing criteria and procedures for reducing or increasing the number of advance practice registered nurses a consulting physician may consult with, not to exceed six.

Section 17. Section 58-31-17, Utah Code Annotated 1953, is enacted to read:

58-31-17. Administration of anesthesia.

(1) A certified registered nurse anesthetist may administer general, regional, or local anesthesia in accordance with:

(a) recognized standards of practice;

(b) this chapter and division rules relating to the administration of anesthesia; and

(c) and in collaboration with, a qualified consulting licensed physician, oral surgeon, or other licensed professional identified by rule.

(2) (a) Subject to Subsection (b), the division may revoke, suspend, or place on probation the authority of any person to administer anesthesia upon a finding he has engaged in unprofessional or unlawful conduct.

(b) Before taking any action under this subsection, the division shall comply with the provisions of Section 58-1-16 regarding disciplinary action and Chapter 66b, Title 63, Administrative Procedures Act.

(3) The division shall grant authority to administer anesthesia under this chapter to any registered nurse anesthetist who is currently certified under any predecessor act on July 1, 1992, the effective date of this chapter.

Section 18. Section 58-31-18, Utah Code Annotated 1953, is enacted to read:

58-31-18. minimum standards for nursing programs -- Approval of nursing education programs -- Unlawful conduct of nursing education program.

(1) (a) A nursing education program shall be affiliated with an accredited institution of higher education in order to be approved by the division.

(b) The minimum standards a nursing program shall meet to qualify graduates for licensure under this chapter shall be the accreditation standards of the National League for nursing or alternative standards defined by division rule.

(2) (a) An institution in the state desiring to conduct a nursing education program qualifying graduates for licensure under this chapter shall apply to the division for approval of the proposed program.

(b) Approval is required prior to any person representing that the program will qualify a graduate of the program for licensure under this chapter.

(3) (a) Upon receipt of an institution application under Subsection (2), division representatives and the board shall conduct a survey of the institution, its nursing education program, staff, and all other factors necessary for the division to determine if the program meets the established minimum standards.

(b) If division representatives and the board find the survey indicates the program:

(i) meets the minimum standards, the program shall be approved by the division; or

(ii) does not meet the minimum standards, the division shall advise the program administrators in writing with respect to the deficiencies.

(4) (a) A program found to not meet the minimum standards under Subsection (3) may apply for another survey when it has corrected the deficiencies.

(b) The division shall conduct another survey of the institution and its program to determine if the program then meets the established minimum standards. The division shall evaluate and act on the survey as provided in Subsection (3)(b).

(5) (a) The division shall survey each existing nursing education program within the state that is not accredited by the National League for Nursing not less than every five years. The survey shall determine if the program continues to comply with the established current minimum standard as defined by rule.

(b) The division may also survey nursing education programs in the state accredited by the National League for Nursing.

(6) If a survey of a previously approved nursing education program determines there are deficiencies in the program and the institution fails to correct the deficiencies, the division shall proceed under the provisions of Chapter 46b, Title 63, Administrative Practice Act, to impose appropriate sanctions upon the program, including withdrawal or division approval.

(7) It is a class A misdemeanor for any person to conduct a nursing education program in the state for the purpose of qualifying individuals

to meet requirements for licensure under this chapter without the program having been approved under this section.

Section 19. Section 58-31-19, Utah Code Annotated 1953, is enacted to read:

58-31-19. Immunity from liability.

(1) A person licensed under this chapter who in good faith renders emergency care at the scene of the emergency is not liable for any civil damages as a result of the person's acts or omissions in rendering the emergency care.

(2) The Provisions of Section 78-11-22, commonly known as the "Good Samaritan Statute," apply to all persons licensed under this chapter.

(3) Persons licensed under this chapter are considered health care providers under Section 58-12-25 and are immune from liability as provided under that section.

Section 20. Section 58-31-20, Utah Code Annotated 1953, is enacted to read:

58-31-20. Reporting of disciplinary action -- Immunity from liability.

(1) A licensed health care facility or organization or a professional society of nurses in the state that takes disciplinary action against a person licensed under this chapter relating to any of the following shall report the action in writing to the division within 30 days after the action is taken:

(a) that person's professional acts or omissions as a licensed nurse;

(b) that person's nursing competence or ability to practice nursing safely; or

(c) that person's use of alcohol or drugs in an unlawful manner or to the extent the person is impaired in his ability to practice nursing safely.

(2) Any person or organization furnishing information in accordance with this section is immune from liability to the extent the information is furnished in good faith and without malice.

Section 21. Section 58-31-21, Utah Code Annotated 1953, is enacted to read:

58-31-21. Continuing education.

(1) The division in collaboration with the board may establish continuing education requirements for each classification of nurse licensure.

(2) The division may discriminate between classifications of licensure with respect to continuing education requirements upon finding the continuing education requirements are necessary to reasonably protect the public health, safety, or welfare.

Section 22. Section 58-31-22, Utah Code Annotated 1953, is enacted to read:

58-31-22. Practice within limits of competency.

(1) Each person licensed under this chapter is responsible for confining his practice as a nurse to those acts or practices permitted by law.

(2) A person licensed under this act may not engage in any act or practice in which he is not competent.

Section 23. Repealer.

Section 58-31-9.1, Advanced or specialized category of practice of registered nurses, Utah Code Annotated 1953, as last amended by Chapter 54, Laws of Utah 1985;

Section 58-31-10.1, Limits on educational requirements, Utah Code Annotated 1953, as last amended by Chapter 92, Laws of Utah 1987;

Section 58-31a-1, Short title, Utah Code Annotated 1953, as last amended by Chapter 52, Laws of Utah 1985;

Section 58-31a-2, Definitions, Utah Code Annotated 1953, as enacted by Chapter 52, Laws of Utah 1985;

Section 58-31a-3, Board -- Appointment of members – Review and approval of protocols and agreement, Utah Code Annotated 1953, as last amended by Chapter 52, Laws of Utah 1985;

Section 58-31a-4, Administration of anesthetics -- Prescribing drugs or medicine, Utah Code Annotated 1953, as enacted by Chapter 16, Laws of Utah 1983;

Section 58-31a-5, Protocols with physician -- Criteria -- Division rules, Utah Code Annotated 1953, as last amended by Chapter 173, Laws of Utah 1991; and

Section 58-31a-6, Violation of chapter or protocol, Utah Code Annotated 1953, as last amended by Chapter 52, Laws of Utah 1985, are repealed.

Section 24. Effective Date.

This act takes effect on July 1, 1992.

APPENDIX C

ADMINISTRATION OF MEDICATION

ADMINISTRATION OF MEDICATION

Utah Code 53A-11-601. Administration of medication to students — Prerequisites — Immunity from liability. 1988

1. A public or private school that holds any classes in grades kindergarten through 12 may provide for the administration of medication to any student during periods when the student is under the control of the school, subject to the following conditions:

   a. The local school board or its private equivalent has consulted with the Department of Health and other appropriate health professionals and adopted policies that provide for:

      i. the designation of employees who may administer medication;

      ii. proper identification and safekeeping of medication;

      ii. the training of designated employees; and

      iv. maintenance of records of administration; and

   b. Medication may only be administered to a student if:

      i. The student's parent or legal guardian has provided a current written and signed request that medication be administered during regular school hours to the student; and

      ii. The student's physician, dentist, nurse practitioner, or physician assistant has provided a signed statement describing the method, amount, and time schedule for administration, and a statement that administration of medication be school employees during periods when the student is under the control of the school is medically necessary.

2. Authorization for administration of medication by school personnel may be withdrawn by the school at any time following actual notice to the student's parent or guardian.

3. School personnel who provide assistance under Subsection (1) in substantial compliance with the physician's or dentist's written statement and the employers of these school personnel are not liable, civily or criminally, for:

   a. any adverse reaction suffered by the student as a result of taking the medication; and

   b. discontinuing the administration of the medication under Subsection (2).

APPENDIX D

GLOSSARY

GLOSSARY

Anaphylactic reaction. A severe, frequently fatal reaction to a foreign protein or drugs that occurs in an individual who has previously been sensitized to the substance. This reaction occurs during or shortly following injection or injections.

Aphonia. Loss of the voice or absence of speech because of a disease or injury.

Apnea. Lack of breath or absence of respiration.

Arrhythmia. Any variation from the normal rhythm of the heartbeat either in time or force.

Aseptic. A condition in which living pathogenic organisms are absent.

Aspirate. Remove by negative pressure, suction, or aspiration.

Autolet.™ A device containing a lance for pricking the finger.

Axilla. Underarm or armpit.

Axillary. Of, relating to, or located near the armpit.

Bladder, flaccid. Bladder having muscles without tone; i.e., relaxed or flabby.

Bladder, spastic. Bladder with increased muscle tone and exaggerated reflexes.

Bradycardia. A slow heart beat, usually less than 60 beats per minute.

Bronchodilator. An agent that causes expansion of the air passages of the lungs.

Bronchus. The windpipe that conveys air to and from the lungs.

Broviac catheter. A type of catheter used to provide total parenteral nutrition (TPN), chemotherapy, or frequent or continuous antibiotics.

Cubic centimeter (cc). A unit of measure: 5 cc. (5 ml) equals 1 teaspoon; 30 cc. (30 ml) equals 1 ounce.

Cannula. A tube that has a removable trochar and is inserted into a cavity. This tube provides a channel for breathing or removal of fluid.

Capillaries. Smallest blood vessels in the circulatory system.

Catheter. A hollow cylinder of rubber or other material used for draining fluid from body cavities or organs.

Cerebral vascular hemorrhage. Bleeding; a flow of blood into the largest portion of the brain.

Cardiopulmonary resuscitation (CPR). A system that combines techniques of hand pressure and breathing to revive an individual whose heart has stopped beating.

Cred's method. The use of manual pressure on the bladder to express urine.

Cuffed tube. A tracheostomy tube that has an inflatable balloon.

Cyanosis. A dark blue or purple discoloration of the skin and mucous membranes caused by deficient oxygenation of the blood.

Designated school personnel. A person employed by a school district.

Diabetes mellitus. A chronic metabolic disorder in which the ability to oxidize carbohydrates is more or less completely lost and normal insulin secretion is distributed.

Diaphoresis. Perspiration; sweating.

Distention. The state of being enlarged.

Dysreflexia, autonomic. A condition that may affect any person with a complete spinal cord injury above the sixth thoracic vertebra. A stimulus initiates a reflex action of the sympathetic and parasympathetic systems, causing hypertension, which cannot be relieved by action of the vasomotor center because of the level of the spinal cord lesion. This response, if not controlled, can precipitate a cerebral vascular hemorrhage (stroke).

Edema. Accumulation of an excessive amount of fluid in the cells, tissues, or body cavities.

Epigastrium. The pit of the stomach; the upper central region of the abdomen.

Epinephrine. Adrenalin, the chief neurohormone of the adrenal medulla of most species.

Excoriation. A scratch or break in the skin.

Exudate. A fluid, which is often coagulable, or formed elements of the blood.

Fistula. An abnormal passage leading from a cavity or hollow organ to the body's surface or from one hollow organ to another and permitting passage of fluids or secretions.

Foley catheter. An individual catheter retained in the bladder by a balloon inflated with air or liquid.

Fowler's position. The position in which the head of the patient's bed is elevated 18 or 20 inches (4.6 to 5 dm).

Gastrostomy. Established artificial opening into the stomach.

Genitalia. The reproductive organs.

Glucagon. A protein hormone that promotes an increase in the sugar content of the blood by increasing the rate of glycogen breakdown in the liver. Glucagon is used for extreme hypoglycemia.

Glucometer. A device that measures the amount of sugar in the blood.

Hickman catheter. (See Broviac catheter.)

Humidifier. An apparatus for controlling humidity by adding to the moisture content in the air of a room.

Hyperalimentation. The ingestion or administration of greater than optimal amounts of nutrients.

Hyperglycemia. Abnormally increased content of sugar in the blood manifested by dry, warm, flushed skin; increased thirst or urination; hunger; vision changes; and weight loss.

Hyperventilation. Excessive rate and depth of respiration leading to an abnormal loss of carbon dioxide from the blood.

Hypoglycemic reaction. An abnormally low blood sugar level manifested by sweating, flushing or pallor, numbness, hunger, trembling, headache, and weakness.

Hypoxia. Decreased amount of oxygen in organs and tissues.

Indwelling catheter. A catheter left in place in the bladder.

Insulin. A protein hormone formed in the pancreas and secreted into the blood, where it regulates carbohydrate (sugar) metabolism.

Ketoacidosis. Acidosis accompanied by the accumulation of ketone bodies in the body tissues and fluids.

Labia. Fleshy border or edge.

Levin's tube. A hollow tube introduced through the nose into the upper intestinal tract or canal.

Meatus. A general term for on opening or passageway in the body.

Nares. The nostrils or the opening of the nose or nasal cavity.

Nasogastric tube. The same as Levin's tube.

Nasopharynx. The upper portion of the pharynx, above the level of the palate.

Nupercainal ointment.™ An ointment applied to irritated skin.

Obturator. A structure that blocks an opening; also, a prosthesis used to close a congenital or acquired opening in the palate.

Oropharyngeal. Relating to the mouth and pharynx.

Os pubis. Bone above the genitals.

Ostomy. An artificial opening in the body.

Parasympathetic nervous system. The part of the nervous system concerned with stimulation of smooth muscle, cardiac muscle, and glands.

Patency. The condition of being wide open.

Percussion. A diagnostic or therapeutic procedure consisting of a succession of taps of varying force. The surface of a body part is tapped to learn the condition of its parts from the resultant sound. Also, cupped hands clapped over the chest are used during postural drainage.

Perineal area. The external surface lying between the vulva and anus in the female and scrotum and the anus in the male.

Peripheral. Situated away from the center of the body; for example, a wrist or foot.

Peristalsis. The wave-like movement of the intestine or other tubular structure.

Pharynx. The throat, the joint opening of the gullet, and windpipe.

Regurgitation. Backward flow of stomach contents up into the esophagus.

Residual urine. The urine that remains in the bladder after urination in disease of the bladder and hypertrophy of the prostate.

Sphygmomanometer. An instrument for measuring blood pressure in the arteries.

Sharps container. A rigid, tightly-lidded, leak-proof, puncture-resistant container in which syringes, needles and lancets are disposed.

Standardized procedures. Procedures used to cover overlapping functions between registered nurses and physicians. Such procedures do not apply to designated school personnel. Nurse practitioners, when performing under standardized procedures, are authorized to issue medical orders. Therefore, school personnel may accept orders to initiate or revise specialized physical health care services from nurse practitioners performing in this manner. Hospital clinics commonly employ nurse practitioners performing under standardized procedures. In certain private practice settings, this system is being used increasingly.

Stethoscope. An instrument by which respiratory, cardiac, intestinal, and other sounds are conveyed to the ear of the observer.

Stockinette. An elastic knitted fabric, usually cotton, used in making bandages or the like.

Stoma. An artificial opening between a cavity and the surface of the body.

Subcutaneously. Beneath the skin.

Suctioning. Aspiration, the act or process of sucking.

Systemic reaction. A reaction affecting the entire organism.

Thoracic level. At the level of the chest.

Total parenteral nutrition (TPN). Nutrition given by an intravenous catheter. Introduced otherwise than by way of the intestines.

Thrombophlebitis. Inflammation of a vein with secondary formation of blood clot.

Trachea. The part of the windpipe at the level of the disk between the sixth and seventh cervical vertebrae.

Tracheostomy tube. The tube which is inserted into an opening in the trachea to allow for passage of air to the lungs.

Trochar. A sharp-pointed instrument fitted with a cannula and used to insert the cannula into a body part as a drainage outlet.

Urethral area. The area around the urethra, the canal leading from the bladder through which urine is excreted.

Urticaria. Hives, rash, an eruption of itching wheals.

Xiphoid process. Sword-shaped cartilage at the end of the sternum.

APPENDIX E

TRAINING AND RESOURCE MATERIALS

TRAINING AND RESOURCE MATERIALS

Video Training Tapes

The following five videos were developed by the University of Colorado Health Science Center School of Nursing and are available from Learner Managed Designs, 2201 K West 25th Street, Lawrence, KS 66047, Telephone: (913) 842-9088.

CPR and Emergency Choking Procedures for Infants or Young Children

Home Oxygen for Infants and Young Children

Clean Intermittent Catheterization

Home Tracheostomy Care for Infants and Young Children

Home Gastrostomy Care for Infants and Young Children

The video below is available at the State Office of Education, 538-7695.

Who are the Children Being Born Today — Impact on the Future, Dr. Bruce Buehler

For more information on serving students with special health care needs contact the Utah Office of Education, Department of At Risk Students at 538-7706 or request a resource manual on Utah State Services from Health Education Services, Office of the Director, Division of Family Health Services, 288 North 1460 West, Salt Lake City, UT 84116-0650, Telephone: 538-6161

Grief Support Services

Candle Lighters – (Death of a Child) 521-1159 or 521-1250

Catholic Community Services – 277-9113

Compassionate Friends – 968-3764, 596-3267 or 292-9160 (A support group for parents who have experienced the death of a child.)

Family Friends – Easter Seals 531-0571

Granite School District – 268-2560 or 964-7615 or 964-7635

The Grief Center–Holy Cross Hospital – 350-4191 or 350-4658 (Grief Support Groups for Adults and children, Bereavement Training workshops, One-On-One short term counseling, Consultations, Referral Information.)

Grief Support Groups – St. Mark's Hospital – Community Education – 268-7480.

Hospice of IHC – 484-8700

Hospice of IHC–Orem – 225-0584

Hospice of Northern Utah – (Ogden) 399-5232

Hospice of Salt Lake – 486-5131

Jordan School District – 565-7100

Oasis – Caregiver Support Group

Primary Children's Bereavement Services – 588-2000 (Dept. of Medical Social Work and Psychology.)

Pioneer Valley Hospital – 964-3100

Salt Lake School District – 328-7394

APPENDIX F

ACKNOWLEDGMENTS

ACKNOWLEDGMENTS

Early in 1991, the Utah Office of Education created a statewide task force on improving educational services to students with special health care needs. The task force was composed of parents, Utah State Office of Education staff, regular and special education administrators, health care professionals, teachers, related service staff, and Mountain Plains Regional Resource Center staff. The task force met over several months to develop these guidelines.

The Utah Office of Education appreciates the time and effort spent by the task force members in contributing to the development of this document. Following is a list of task force members.

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APPENDIX G

ORDER FORM

ORDER FORM

Date:_____

Cheryl Hostetter
Task Force Chairperson
Utah State Office of Education
250 East 500 South
Salt Lake City, Utah 84111

Dear Cheryl:

Please send _____ copies of the *Guidelines and Procedures for Serving Students with Special Health Care Needs.*

Thank you in advance for your help.

Name: _____

School: _____

Address: _____

_____

_____

Phone: _____

Scott W. Bean
State Superintendent of Public Instruction

Utah State Office of Education
250 East Fifth South
Salt Lake City, Utah 84111